MARYLAND Department of Health

Maryland HIV/AIDS Quarterly Update

First Quarter 2019

Data reported through March 31, 2019
Center for HIV Surveillance, Epidemiology and Evaluation
Infectious Disease Prevention and Health Services Bureau
Prevention and Health Promotion Administration
Maryland Department of Health
https://phpa.health.maryland.gov/OIDEOR/CHSE/pages/Home.aspx
800-358-9001

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Section I – Background Information

HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that HIV cases be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in the Code of Maryland Regulations (COMAR) 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician's office is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the Maryland Department of Health by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health Department where the institution is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the Maryland Department of Health to establish electronic reporting.
- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland Department of Health, by mailing the State of Maryland HIV/CD4 Laboratory Reporting Form (DHMH 4492). Laboratories are encouraged to contact the Maryland Department of Health to establish electronic reporting. Reporting forms and instructions, including mailing addresses and phones numbers, are available on our website:

https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/reporting-material.aspx

For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Maryland Department of Health, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health at 410-767-5227.

Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for HIV and AIDS cases that have been diagnosed by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis or are current residents of Maryland as of September 30, 2018. The most recent Centers for Disease Control and Prevention (CDC) estimate of the number of people living with undiagnosed HIV infection is 14.2 percent for the United States and 13.8 percent for Maryland in 2016. Using the CDC CD4 depletion model on Maryland surveillance data, the estimated number of people living with undiagnosed HIV infection in Maryland is 11.6 percent in 2016. Surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of case report data. Case report data are only available for cases receiving medical care, often only at facilities in Maryland, and only includes information that has been reported to the health department. Linkage to care data is based solely on laboratory data reported to the health department.

This epidemiological profile provides estimates of living Maryland diagnosed cases by current residence as of September 30, 2018. Residence at diagnosis and age at diagnosis are used exclusively to describe new HIV and AIDS diagnoses. Current residence data are restricted to cases for which there is a case report

form or laboratory test reported since January 1, 2009. Restricting address data to recent years presents the most accurate data available and helps to account for cases that may have moved out of state whose data would no longer be reported in Maryland. However, current residence data excludes cases that may still be residents of Maryland but have not received any HIV care during the most recent nine and a half years. In addition, residence is dynamic, and cases may have resided at multiple addresses that cannot all be represented in single time point estimates.

Please note that data reported in the quarterly reports may not match data reported in the annual epidemiological profiles due to differences in reporting periods. In addition, not all data has been geocoded in the quarterly reports and therefore is preliminary. Geocoding is the process of assigning geographic identifiers to map features and data records. Addresses are standard data elements required by law and submitted as part of reporting requirements; however, the information may be incomplete which then requires a geocoding process to improve the quality of data. This process is fully completed on the end-of-the-year data set.

Stages of a Case of HIV/AIDS

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

A case of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, and years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would probably be many years after the initial HIV infection [time point 1].

Changes in Case Terminology

The terminology for HIV and AIDS cases was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and Living Cases replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a

certain time. Prevalence includes both newly and previously diagnosed cases as well as undiagnosed infections. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, the reports received through a certain time (a quarter-year) are used to generate the number of diagnoses during the prior years. This six-month lag allows for delays in reporting and time to complete investigations. For example, the reported HIV diagnoses for October 1, 2017 through September 30, 2018 are the total of the reported HIV cases with or without an AIDS diagnosis, diagnosed with HIV during October 1, 2017 through September 30, 2018, as reported by name through March 31, 2019.

To calculate the number of living cases we count all reported diagnoses from the beginning of the epidemic (all the Reported HIV Diagnoses each year) and subtract all Reported Deaths. For example, the total living HIV cases on September 30, 2018 are the total of the reported HIV cases with or without an AIDS diagnosis and not reported to have died as of September 30, 2018 as reported by name through March 31, 2019.

Laboratory Data

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4+ cells per microliter of blood or if the percent of T-Lymphocyte cells that are CD4+ cells is less than 14 percent. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Low levels of VL, such as less than 200 copies per milliliter of blood, are known as viral suppression. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured regularly, at least once per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" after diagnosis or is "retained in care."

Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, current residence, age, race/ethnicity, sex at birth, current gender, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health's Enhanced HIV/AIDS Reporting System (eHARS), March 31, 2019.

Population data by sex, age, and race/ethnicity are from the July 1, 2017 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

Tabulation of Column Totals

Numbers in figures, tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

In order to protect the confidentiality of reported HIV cases, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 cases.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

Glossary of Terms

Adult/Adolescent Living HIV Cases with AIDS: Reported HIV diagnoses with an AIDS diagnosis, age 13 years or older, and not reported to have died as of September 30, 2018.

Adult/Adolescent Living HIV Cases without AIDS: Reported HIV diagnoses without an AIDS diagnosis, age 13 years or older, and not reported to have died as of September 30, 2018.

Adult/Adolescent Reported AIDS Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Adult/Adolescent Reported HIV Diagnoses: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Adult/Adolescent Total Living HIV Cases: Reported HIV diagnoses with or without an AIDS diagnosis, age 13 years or older, and not reported to have died as of September 30, 2018.

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of adult/adolescent living HIV cases with a recent CD4 test result distributed by the CD4 count results (cells per microliter).

CD4 With Test: Number and percent of adult/adolescent total living HIV cases with a recent CD4 test result.

Corrections: Residence in a state or federal prison. Does not include local jails and detention centers.

Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

First CD4 Test Result Percent: Percent of adult/adolescent reported HIV diagnoses with the first CD4 test result reported within 12 months following the initial HIV diagnosis.

First CD4 Test Result Median Count: Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

Jurisdiction of Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

Jurisdiction of Residence: Jurisdiction of residence at diagnosis or current residence.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at later time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Late HIV Diagnosis: Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 12 months after their initial HIV diagnosis.

Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a reported CD4 or viral load test performed less than or equal to 1 month or 3 months after their initial HIV diagnosis.

Mean Years from HIV Diagnosis: Mean number of years from initial HIV diagnosis to initial AIDS diagnosis for cases with a reported AIDS diagnosis.

Median Count: Median CD4 count (cells per microliter), among adult/adolescent total living HIV cases, of the most recent CD4 test result measured in the specified year.

Median Unsuppressed: Median unsuppressed viral load (copies per milliliter) among adult/adolescent total living HIV cases with the most recent viral load test result measured in the specified year of 200 copies per milliliter or greater.

Percent Change: The percent change in number of adult/adolescent total living HIV cases from residence at diagnosis to current residence.

Percent Late HIV Diagnosis: Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 12 months prior to their initial AIDS diagnosis.

Percent Suppressed: Percent of adult/adolescent total living HIV cases with the most recent viral load measured in the specified year of less than 200 copies per milliliter.

Population Age 13+: Population age 13 years or older, estimate for July 1, 2017.

Rate: Number of HIV cases divided by the population and multiplied by 100,000.

Ratio (1 in X): Number of people for every 1 living HIV case in the population, or 1 living HIV case in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result measured in the specified year.

Recent Viral Load Test Result: The most recent viral load test result measured in the specified year.

Residence at Diagnosis: Jurisdiction of residence at later time of initial HIV diagnosis or initial AIDS diagnosis.

Viral Load With Test: Number and percent of adult/adolescent total living HIV cases with a recent viral load test result.

Maryland Department of Health Non-Discrimination Statement

The Maryland Department of Health (MDH) complies with applicable Federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

English

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中文/Chinese

用您的语言为您提供帮助: 410-767-5227 (TTY: 800-735-2258). 这些服务都是免费的

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Section II – Adult/Adolescent Cases by Jurisdiction

Table 1 – Adult/Adolescent HIV Diagnoses during October 1, 2017 through September 30, 2018, Linked to Care, Late Diagnosis, and First CD4 Test Result by Jurisdiction of Residence at HIV Diagnosis, Reported through March 31, 2019

Jurisdiction of Residence at HIV Diagnosis	Population Age 13+	Adult/Adolescent Reported HIV Diagnoses							
		No.	% of Total	Rate	Linked to Care		Late HIV Diagnoses	First CD4 Test Result	
					% 1 mo.	% 3 mo.	%	%	Median Count
Allegany	62,775	8	0.8%	12.7	87.5%	100.0%	***	100.0%	369
Anne Arundel	480,992	44	4.4%	9.1	93.2%	97.7%	31.8%	95.5%	408
Baltimore City	517,321	214	21.4%	41.4	80.4%	87.4%	23.4%	88.8%	412
Baltimore	703,196	129	12.9%	18.3	86.0%	91.5%	24.8%	91.5%	344
Calvert	76,935	4	0.4%	5.2	***	***	***	***	***
Caroline	27,612	0	0.0%	0.0	--	--	--	--	--
Carroll	142,850	7	0.7%	4.9	85.7%	85.7%	71.4%	85.7%	142
Cecil	86,423	7	0.7%	8.1	85.7%	100.0%	***	85.7%	390
Charles	132,657	28	2.8%	21.1	78.6%	92.9%	***	92.9%	429
Dorchester	27,281	0	0.0%	0.0	--	--	--	--	--
Frederick	211,010	19	1.9%	9.0	94.7%	94.7%	***	94.7%	463
Garrett	25,457	1	0.1%	3.9	***	***	***	***	***
Harford	212,766	17	1.7%	8.0	76.5%	94.1%	29.4%	100.0%	391
Howard	266,287	34	3.4%	12.8	94.1%	97.1%	26.5%	97.1%	413
Kent	17,211	0	0.0%	0.0	--	--	--	--	--
Montgomery	882,259	134	13.4%	15.2	90.3%	94.0%	28.4%	94.0%	349
Prince George's	763,442	297	29.6%	38.9	83.8%	92.9%	23.9%	93.9%	388
Queen Anne's	42,415	4	0.4%	9.4	***	***	***	***	***
Saint Mary's	92,931	4	0.4%	4.3	***	***	***	***	***
Somerset	22,657	5	0.5%	22.1	100.0%	100.0%	***	100.0%	300
Talbot	32,341	3	0.3%	9.3	***	***	***	***	***
Washington	127,071	10	1.0%	7.9	70.0%	80.0%	***	70.0%	268
Wicomico	86,680	12	1.2%	13.8	58.3%	83.3%	***	83.3%	417
Worcester	45,380	1	0.1%	2.2	***	***	***	***	***
Corrections	--	20	2.0%	--	85.0%	85.0%	***	90.0%	496
Total	5,085,949	1,002	100.0%	19.7	84.3%	91.6%	24.5%	92.2%	396

*** Data withheld due to low population counts and/or case counts

Table 2 – Adult/Adolescent AIDS Diagnoses during October 1, 2017 through September 30, 2018, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction of Residence at AIDS Diagnosis, Reported through March 31, 2019

Jurisdiction of Residence at AIDS Diagnosis	Population Age 13+	Adult/Adolescent Reported AIDS Diagnoses				
		No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis
Allegany	62,775	2	0.4%	3.2	***	***
Anne Arundel	480,992	30	5.6%	6.2	4.4	40.0%
Baltimore City	517,321	154	29.0%	29.8	7.2	33.1%
Baltimore	703,196	56	10.5%	8.0	6.2	42.9%
Calvert	76,935	2	0.4%	2.6	***	***
Caroline	27,612	0	0.0%	0.0	--	--
Carroll	142,850	4	0.8%	2.8	***	***
Cecil	86,423	4	0.8%	4.6	***	***
Charles	132,657	11	2.1%	8.3	2.4	45.5%
Dorchester	27,281	1	0.2%	3.7	***	***
Frederick	211,010	5	0.9%	2.4	4.5	40.0%
Garrett	25,457	0	0.0%	0.0	--	--
Harford	212,766	9	1.7%	4.2	3.8	66.7%
Howard	266,287	16	3.0%	6.0	1.5	68.8%
Kent	17,211	0	0.0%	0.0	--	--
Montgomery	882,259	72	13.6%	8.2	3.8	65.3%
Prince George's	763,442	140	26.4%	18.3	3.5	57.9%
Queen Anne's	42,415	2	0.4%	4.7	***	***
Saint Mary's	92,931	4	0.8%	4.3	***	***
Somerset	22,657	1	0.2%	4.4	***	***
Talbot	32,341	2	0.4%	6.2	***	***
Washington	127,071	2	0.4%	1.6	***	***
Wicomico	86,680	7	1.3%	8.1	5.6	57.1%
Worcester	45,380	0	0.0%	0.0	--	--
Corrections	--	7	1.3%	--	4.6	57.1%
Total	5,085,949	531	100.0%	10.4	5.1	48.8%

*** Data withheld due to low population counts and/or case counts

Table 3 – Adult/Adolescent HIV Cases Alive on September 30, 2018, by Jurisdiction of Residence at Diagnosis, Reported through March 31, 2019

Jurisdiction of Residence at Diagnosis	Population Age 13+	Adult/Adolescent Living HIV Cases without AIDS			Adult/Adolescent Living HIV Cases with AIDS			Adult/Adolescent Total Living HIV Cases			
		No.	% of Total	Rate	No.	% of Total	Rate	No.	% of Total	Rate	Ratio (1 in X)
Allegany	62,775	46	0.3%	73.3	34	0.2%	54.2	80	0.2%	127.4	784
Anne Arundel	480,992	599	3.9%	124.5	710	4.1%	147.6	1,309	4.0%	272.1	367
Baltimore City	517,321	5,294	34.0%	1,023.3	6,513	37.3%	1,259.0	11,807	35.8%	2,282.3	43
Baltimore	703,196	1,740	11.2%	247.4	1,832	10.5%	260.5	3,572	10.8%	508.0	196
Calvert	76,935	52	0.3%	67.6	56	0.3%	72.8	108	0.3%	140.4	712
Caroline	27,612	32	0.2%	115.9	35	0.2%	126.8	67	0.2%	242.6	412
Carroll	142,850	69	0.4%	48.3	77	0.4%	53.9	146	0.4%	102.2	978
Cecil	86,423	54	0.3%	62.5	62	0.4%	71.7	116	0.4%	134.2	745
Charles	132,657	278	1.8%	209.6	230	1.3%	173.4	508	1.5%	382.9	261
Dorchester	27,281	48	0.3%	175.9	83	0.5%	304.2	131	0.4%	480.2	208
Frederick	211,010	195	1.3%	92.4	162	0.9%	76.8	357	1.1%	169.2	591
Garrett	25,457	7	0.0%	27.5	4	0.0%	15.7	11	0.0%	43.2	2,314
Harford	212,766	203	1.3%	95.4	257	1.5%	120.8	460	1.4%	216.2	462
Howard	266,287	284	1.8%	106.7	284	1.6%	106.7	568	1.7%	213.3	468
Kent	17,211	17	0.1%	98.8	20	0.1%	116.2	37	0.1%	215.0	465
Montgomery	882,259	2,055	13.2%	232.9	2,181	12.5%	247.2	4,236	12.8%	480.1	208
Prince George's	763,442	3,628	23.3%	475.2	3,716	21.3%	486.7	7,344	22.2%	962.0	103
Queen Anne's	42,415	15	0.1%	35.4	36	0.2%	84.9	51	0.2%	120.2	831
Saint Mary's	92,931	67	0.4%	72.1	68	0.4%	73.2	135	0.4%	145.3	688
Somerset	22,657	30	0.2%	132.4	32	0.2%	141.2	62	0.2%	273.6	365
Talbot	32,341	31	0.2%	95.9	35	0.2%	108.2	66	0.2%	204.1	490
Washington	127,071	175	1.1%	137.7	127	0.7%	99.9	302	0.9%	237.7	420
Wicomico	86,680	120	0.8%	138.4	117	0.7%	135.0	237	0.7%	273.4	365
Worcester	45,380	31	0.2%	68.3	43	0.2%	94.8	74	0.2%	163.1	613
Corrections	--	488	3.1%	--	747	4.3%	--	1,235	3.7%	--	--
Total	5,085,949	15,558	100.0%	305.9	17,461	100.0%	343.3	33,019	100.0%	649.2	154

Table 4 – Adult/Adolescent HIV Cases Alive on September 30, 2018, by Jurisdiction of Residence at Diagnosis and Current Residence, Reported through March 31, 2019

Jurisdiction of Residence	Population Age 13+	Adult/Adolescent Total Living HIV Cases								% Change
		Residence at Diagnosis				Current Residence				
		No.	% of Total	Rate	Ratio (1 in X)	No.	% of Total	Rate	Ratio (1 in X)	
Allegany	62,775	80	0.2%	127.4	784	131	0.4%	208.7	479	63.8%
Anne Arundel	480,992	1,309	4.0%	272.1	367	1,401	4.5%	291.3	343	7.0%
Baltimore City	517,321	11,807	35.8%	2,282.3	43	11,168	35.7%	2,158.8	46	-5.4%
Baltimore	703,196	3,572	10.8%	508.0	196	3,396	10.9%	482.9	207	-4.9%
Calvert	76,935	108	0.3%	140.4	712	139	0.4%	180.7	553	28.7%
Caroline	27,612	67	0.2%	242.6	412	65	0.2%	235.4	424	-3.0%
Carroll	142,850	146	0.4%	102.2	978	155	0.5%	108.5	921	6.2%
Cecil	86,423	116	0.4%	134.2	745	151	0.5%	174.7	572	30.2%
Charles	132,657	508	1.5%	382.9	261	591	1.9%	445.5	224	16.3%
Dorchester	27,281	131	0.4%	480.2	208	145	0.5%	531.5	188	10.7%
Frederick	211,010	357	1.1%	169.2	591	445	1.4%	210.9	474	24.6%
Garrett	25,457	11	0.0%	43.2	2,314	15	0.0%	58.9	1,697	36.4%
Harford	212,766	460	1.4%	216.2	462	513	1.6%	241.1	414	11.5%
Howard	266,287	568	1.7%	213.3	468	705	2.3%	264.8	377	24.1%
Kent	17,211	37	0.1%	215.0	465	42	0.1%	244.0	409	13.5%
Montgomery	882,259	4,236	12.8%	480.1	208	3,443	11.0%	390.2	256	-18.7%
Prince George's	763,442	7,344	22.2%	962.0	103	7,639	24.4%	1,000.6	99	4.0%
Queen Anne's	42,415	51	0.2%	120.2	831	49	0.2%	115.5	865	-3.9%
Saint Mary's	92,931	135	0.4%	145.3	688	161	0.5%	173.2	577	19.3%
Somerset	22,657	62	0.2%	273.6	365	97	0.3%	428.1	233	56.5%
Talbot	32,341	66	0.2%	204.1	490	75	0.2%	231.9	431	13.6%
Washington	127,071	302	0.9%	237.7	420	384	1.2%	302.2	330	27.2%
Wicomico	86,680	237	0.7%	273.4	365	256	0.8%	295.3	338	8.0%
Worcester	45,380	74	0.2%	163.1	613	75	0.2%	165.3	605	1.4%
Corrections	--	1,235	3.7%	--	--	20	0.1%	--	--	--
Total	5,085,949	33,019	100.0%	649.2	154	31,261	100.0%	614.7	162	-5.3%

Table 5 – CD4 Test Results during October 1, 2017 through September 30, 2018 for Adult/Adolescent HIV Cases Alive on September 30, 2018, by Jurisdiction of Current Residence, Reported through March 31, 2019

Jurisdiction of Current Residence	Adult/Adolescent Total Living HIV Cases							
	No.	Recent CD4 Test Result						
		No. with Test	% with Test	Median Count	<200	200-349	350-499	500+
Allegany	131	113	86.3%	708	2.7%	10.6%	14.2%	72.6%
Anne Arundel	1,401	1,029	73.4%	609	9.4%	10.9%	16.7%	63.0%
Baltimore City	11,168	8,574	76.8%	595	10.4%	12.6%	16.0%	61.0%
Baltimore	3,396	2,534	74.6%	615	9.0%	10.9%	16.5%	63.7%
Calvert	139	114	82.0%	677	7.9%	12.3%	14.9%	64.9%
Caroline	65	54	83.1%	634	5.6%	3.7%	24.1%	66.7%
Carroll	155	116	74.8%	650	6.9%	11.2%	15.5%	66.4%
Cecil	151	100	66.2%	642	10.0%	11.0%	10.0%	69.0%
Charles	591	470	79.5%	634	8.1%	11.9%	15.5%	64.5%
Dorchester	145	127	87.6%	588	7.1%	14.2%	17.3%	61.4%
Frederick	445	339	76.2%	622	5.0%	8.8%	16.8%	69.3%
Garrett	15	14	93.3%	814	0.0%	0.0%	28.6%	71.4%
Harford	513	379	73.9%	606	9.5%	11.9%	17.7%	60.9%
Howard	705	544	77.2%	628	6.1%	14.9%	13.8%	65.3%
Kent	42	34	81.0%	708	0.0%	8.8%	23.5%	67.6%
Montgomery	3,443	2,517	73.1%	605	7.0%	13.2%	16.2%	63.6%
Prince George's	7,639	5,888	77.1%	608	8.4%	11.2%	18.0%	62.4%
Queen Anne's	49	40	81.6%	626	12.5%	5.0%	15.0%	67.5%
Saint Mary's	161	128	79.5%	669	7.0%	10.2%	19.5%	63.3%
Somerset	97	77	79.4%	576	14.3%	15.6%	11.7%	58.4%
Talbot	75	65	86.7%	468	13.8%	13.8%	26.2%	46.2%
Washington	384	296	77.1%	671	5.7%	8.8%	15.9%	69.6%
Wicomico	256	215	84.0%	506	12.1%	15.8%	20.5%	51.6%
Worcester	75	64	85.3%	612	6.3%	9.4%	10.9%	73.4%
Corrections	20	17	85.0%	541	11.8%	17.6%	11.8%	58.8%
Total	31,261	23,848	76.3%	606	9.0%	11.9%	16.6%	62.5%

Table 6 – Viral Load Test Results during October 1, 2017 through September 30, 2018 for Adult/Adolescent HIV Cases Alive on September 30, 2018, by Jurisdiction of Current Residence, Reported through March 31, 2019

Jurisdiction of Current Residence	Adult/Adolescent Total Living HIV Cases				
	No.	Recent Viral Load Test Result			
		No. with Test	% with Test	% Suppressed	Median Unsuppressed
Allegany	131	112	85.5%	91.1%	19,066
Anne Arundel	1,401	1,040	74.2%	86.6%	10,195
Baltimore City	11,168	8,855	79.3%	85.3%	11,136
Baltimore	3,396	2,603	76.6%	86.9%	9,595
Calvert	139	112	80.6%	90.2%	7,280
Caroline	65	52	80.0%	86.5%	720
Carroll	155	119	76.8%	91.6%	20,810
Cecil	151	98	64.9%	76.5%	21,400
Charles	591	476	80.5%	86.8%	13,700
Dorchester	145	125	86.2%	91.2%	5,470
Frederick	445	343	77.1%	91.0%	20,500
Garrett	15	14	93.3%	85.7%	61,150
Harford	513	380	74.1%	87.6%	11,000
Howard	705	553	78.4%	87.2%	6,590
Kent	42	34	81.0%	94.1%	159,392
Montgomery	3,443	2,514	73.0%	89.5%	7,638
Prince George's	7,639	5,885	77.0%	86.4%	11,559
Queen Anne's	49	42	85.7%	85.7%	18,023
Saint Mary's	161	131	81.4%	90.1%	6,200
Somerset	97	78	80.4%	87.2%	11,490
Talbot	75	66	88.0%	93.9%	67,500
Washington	384	289	75.3%	84.4%	6,135
Wicomico	256	214	83.6%	86.0%	13,075
Worcester	75	65	86.7%	90.8%	4,060
Corrections	20	15	75.0%	86.7%	13,336
Total	31,261	24,215	77.5%	86.6%	10,895